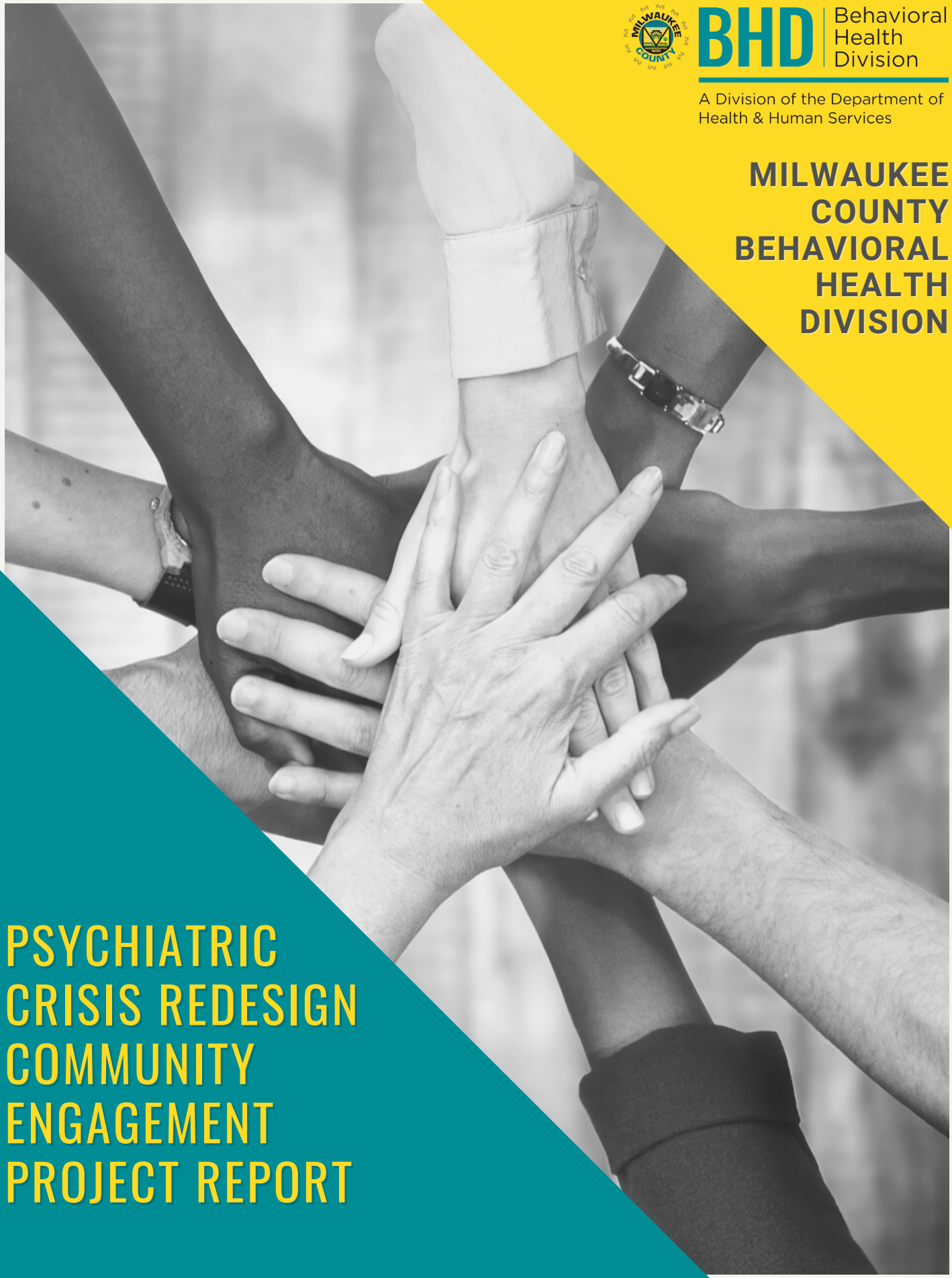
BHD Behavioral Health Division

A Division of the Department of Health & Human Services

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION



# PSYCHIATRIC CRISIS REDESIGN COMMUNITY ENGAGEMENT PROJECT REPORT

**Dear Community Members,**

First and foremost, I am truly grateful for your support and participation in the Psychiatric Crisis Redesign Community Engagement Project. In line with our effort to make Milwaukee the healthiest County in Wisconsin, we launched an inclusive series of community conversations in 2020, to gather the aspirations, ideas, and concerns of community members regarding the current and future state of the County's behavioral health services.

The purpose of our outreach was to address root causes of health disparity, seeking input from consumers and families, mental health advocates, law enforcement partners, providers, a wide variety of Department of Health and Human Services staff members, and the community at large. Through these conversations, we gained further insight into which mental health services are accessible and making an impact. We were also able to pinpoint gaps and barriers across other programs and services. We will use the transparent feedback and lived experiences shared, to help shape the future of behavioral health care in Milwaukee County.

Barriers to care come in many forms, from anxieties surrounding doctor visits, to transportation and financial limitations. Our efforts to eliminate these and other barriers will be strengthened thanks to your response to our outreach. Improving health outcomes and advancing racial equity is a top priority of Milwaukee County. Our "No Wrong Door" approach aims to connect those in need with the most appropriate services.

Thank you again for your support and participation in this critically important community engagement project.

Sincerely,
**Michael Lappen, Administrator**
Milwaukee County Behavioral Health Division

# BHD AT A GLANCE

Milwaukee County's commitment to individuals with chronic mental illness began more than 100 years ago with a hospital facility designed for the long-term care of more than 3,000 people. The service delivery model of today is focused on wellbeing and recovery with the mission to empower safe, healthy, and meaningful lives by ensuring that everyone gets connected to great behavioral health care. BHD is the community's connection point to vital, high-quality behavioral health care, providing care and treatment to the elderly, adults, adolescents, and children with mental illness, substance abuse disorders, and co-occurring illnesses.

Central to BHD's work is a full array of crisis intervention services connecting residents experiencing mental health, substance abuse or, co-occurring challenges to the appropriate level of care.

**Non-Police Crisis Response**
BHD responds to crisis calls through a set of specialized services that are designed to minimize police contact. A leader and innovator in non-police crisis services, BHD responds annually to over 2,000 non-police crisis calls through the following programs:

**BHD's Crisis Line connects those in need to BHD's Crisis Mobile Services** 24 hours a day, 7 days a week, individuals and family members facing mental health or co-occurring crises can speak with a mental health professional through BHD's Crisis Line. Our specially trained staff provides over-the-phone assessment, de-escalation and access to a wide variety of services.

# BHD'S CRISIS MOBILE SERVICES

## CRISIS MOBILE TEAM

The Crisis Mobile Team provides non-police-involved assessment, stabilization, and linkage to services anywhere in the community and is available with third-shift support provided through our partnership with La Causa Inc.

## GERIATRIC CRISIS SERVICES

For individuals, age 60+, dedicated geriatric psychiatric crisis intervention and stabilization services are available on a mobile, outreach basis. A designated geriatric psychiatric nurse specialist is also available to connect with people in need.

## COMMUNITY CONSULTATION TEAM (CCT)

Specializing in helping individuals with co-occurring intellectual/developmental and mental health needs, this crisis mobile team helps people continue to enjoy a stable life in the community. CCT also offers ongoing education services for providers and support to the family members who care for people in need.

## CHILDREN'S MOBILE CRISIS TEAM (CMC TEAM)

Specializing in helping individuals with co-occurring intellectual/developmental and mental health needs, this crisis mobile team helps people continue to enjoy a stable life in the community. CCT also offers ongoing education services for providers and support to the family members who care for people in need.

## COMMUNITY LINKAGE & STABILIZATION PROGRAM (CLASP)

The Community Linkage and Stabilization Program (CLASP) is a unique, voluntary program that provides extended support and services to individuals in recovery through the use of Certified Peer Specialists. Each Peer Specialist is trained to share their experiences and recovery with individuals in crisis to provide hope and empower people throughout the recovery process.

## TEAM CONNECT

This program provides additional follow-up services and support for individuals (18 years and older) who have been discharged from BHD's Psychiatric Crisis Services (PCS)/observation unit or one of BHD's acute care units. Team Connect is designed to support and reduce the risk of harm to individuals as they return to the community. The program also helps improve the link to ongoing care and provides connections to community resources to promote overall wellness and reduce recurring incidents.

# BHD AT A GLANCE

**Mental Health and SUD Housing Referrals -** BHD collaborates with the Housing Division to jointly serve people with mental health and substance use disorders experiencing homelessness.

BHD's hospital (known as the Mental Health Complex) will be closing once Universal Health Services (UHS) Granite Hills Hospital, a new state-of-the-art facility, is fully operational (likely in late 2021 or early 2022). In addition, BHD's Psychiatric Crisis Services (PCS) Observation Unit will be replaced by the Joint Venture's Mental Health Emergency Center in 2022. BHD's crisis intervention services also include 24/7 Crisis Lines, Crisis Mobile Teams specific to children, adults, and the elderly, and the Crisis Assessment Response Team -- pairing a licensed therapist with an officer -- helping to de-escalate and decriminalize mental health challenges. Additional services are provided through BHD's Access Clinics, Crisis Resource Centers, Community Consultation Teams, and Team Connect, a service that provides short-term follow-up for adults discharged from BHD's Mental Health Complex.

Milwaukee County Behavioral Health Division is future-focused, making continuous improvements to behavioral health services to ensure that the behavioral health needs of the community are met. In recent years, Milwaukee County and its partners celebrated the following behavioral health service redesign milestones:

KEY MILESTONES

# IN BHD'S REDESIGN JOURNEY

**2004**

*Crisis Intervention Team (CIT) conference sponsored by NAMI Milwaukee and BHD leads to the establishment of CIT training in Milwaukee.*

**2004**

*Significant waiting times at the Psychiatric Crisis Service secondary to a shortage of inpatient beds prompts the creation of the Milwaukee Mental Health Task Force to bring together different sectors of the community to address and resolve issues of interest to people with mental health challenges.*

**2008**

*An extended diversion episode at BHD prompts the commission of the first HSRI study, which was intended to form the basis for the planning initiative around a re-design of the mental health continuum of care in Milwaukee County.*

**2010**

*Transforming the Adult Mental Health Delivery System in Milwaukee County is published, and includes 10 recommendations for system improvement which formed the basis for the BHD re-design.*

**2011**

*The Mental Health Redesign and Implementation Task Force was created.*

**2014**

*Milwaukee County Mental Health Board was developed by a group of established leaders in mental health. The board serves as the governance and oversight body of the Milwaukee County Behavioral Health Division.*

**2014**

*The Wisconsin Department of Health Services report on Mental Health Service Delivery in Milwaukee County is published.*

**2015**

*Community Listening Sessions on the proposed "North Side Hub"*

**2018**

*Wisconsin Policy Forum released a report to the Mental Health Board with a proposed conceptual model for the adult psychiatric crisis services system.*

**2019**

*Universal Health Services (UHS) was contracted to build a 120-bed, free-standing behavioral health hospital.*

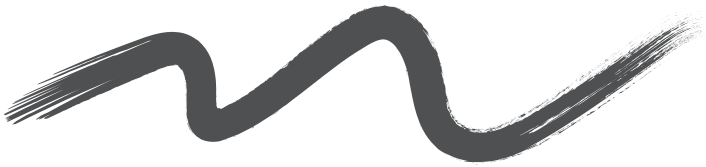
**2020**

*Joint Venture Task Force was formed to assess current mental and behavioral health services, serve as an information-sharing network, and leverage resources to build out systems and facilities. The Joint Venture includes Milwaukee County Behavioral Health Division and the four Milwaukee Health Systems - Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health.*

**2022**

*Milwaukee County's Behavioral Health Division, through the Joint Venture Task Force, will launch a new community-based Mental Health Emergency Center. The proposed location for the center is near 12th Street and Walnut on land currently owned by the County. The center will provide mental health crisis/emergency treatment for patients starting at 4 years old to implement care plans immediately and move patients to inpatient or community-based outpatient programs.*

# EXECUTIVE SUMMARY



In February 2020, Milwaukee County Behavioral Health Division and its partners launched the Psychiatric Crisis Redesign Community Engagement project to educate the community on the behavioral health service redesign efforts that are taking place throughout Milwaukee County and to get community input on the current and future state of behavioral health services in Milwaukee County. This qualitative research project was designed specifically to learn about the lived experiences of the community and to hear the voices of community members.

In partnership with Perceptivity and the Zeidler Group, Milwaukee County Behavioral Health Division hosted eight intimate community conversations for up to 20 participants per session. The community conversations, led by trained facilitators, were attended by Milwaukee County Behavioral Health Division staff, mental health advocates, law enforcement partners, providers, and the community at large.

The community conversations yielded nearly 250 pages of data from 144 diverse community members who were 74% female, 21% male, 57% White or Caucasian, 27% Black or African American, 2% Latin, 2% Other, 1% Asian, and 1% Native American.

The data focuses on access to mental health services, barriers to receiving services, and the experiences of community members who utilize or are connected to behavioral health services. Key themes for improvement from the feedback include:

- **Increasing the accessibility of services by providing transportation assistance and facilities that are located closer to the communities being served.**
- **Addressing diversity by hiring more people of color, contracting diverse providers, offering additional language translation services, focusing on culturally sensitive practices, and expanding services and access for clients with disabilities.**
- **Improving the standards of care through better communication between stakeholders, destigmatizing mental health by running community campaigns, and implementing strategies to increase transparency, consistency, and accountability.**

This report provides a summary of the feedback received from the community conversations as well as recommendations based on the comprehensive analysis of this feedback. Full detailed reports of each of the eight Community Conversations are archived with Milwaukee County Behavioral Health Division.

# PROJECT OVERVIEW

## WHY COMMUNITY ENGAGEMENT?

Community engagement is the best and only way for us to know if our programs and services are truly meeting the needs of our community. Milwaukee County Behavioral Health Division's commitment to community engagement is a long-standing and critical aspect of staying connected to the local community. The aspirations, ideas and concerns of the community are used to make community-driven and community-informed decisions about the budget and the programs and services that are offered by BHD. Past community engagement efforts include annual budget hearings, public comment during Milwaukee County Mental Health Board meetings, community listening sessions on the proposed Northside Hub and this series of psychiatric crisis services redesign community conversations that are highlighted throughout this report.

## WHY NOW?

We are at a critical juncture in evaluating and improving behavioral health service access and delivery for Milwaukee County residents. Working with partners who share our commitment to being the best at what we do, we are uniquely positioned to transform the way behavioral health services are accessed and delivered. Through the newly formed Joint Venture, we are working with Advocate Aurora Health, Ascension Wisconsin, Children's Wisconsin, and Froedtert Health to combine resources and build a system of behavioral health services that meet the varied needs of the diverse communities we serve.

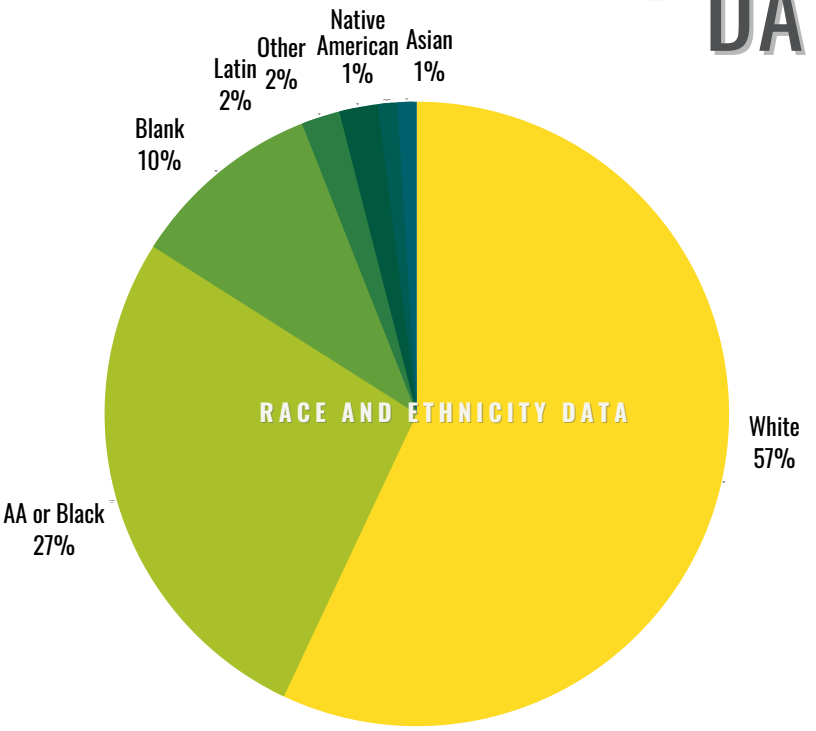
## PROJECT GOALS

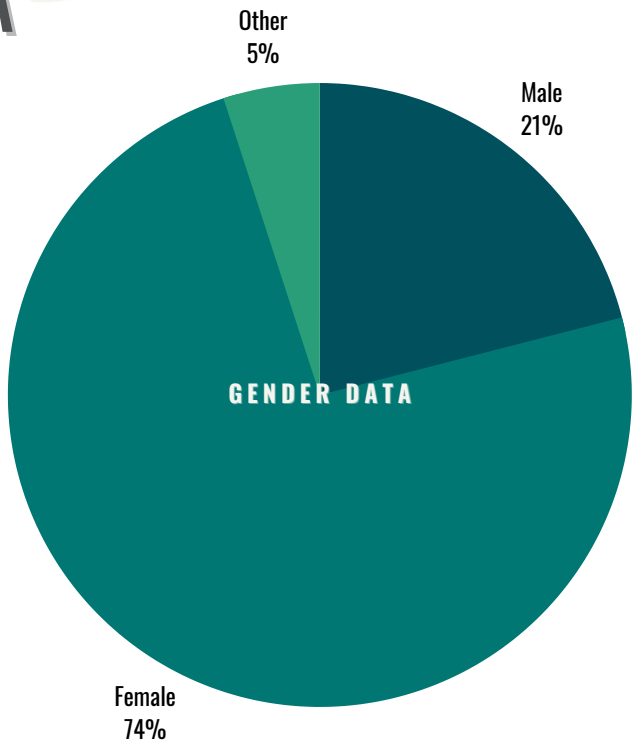
- To educate the community and build awareness of the psychiatric crisis service redesign process and the programs and services BHD continues to offer.
- To gather systems-level and specific element input from diverse key stakeholders.
- To use stakeholder input to redesign the continuum of psychiatric crisis services that are available to Milwaukee County residents.

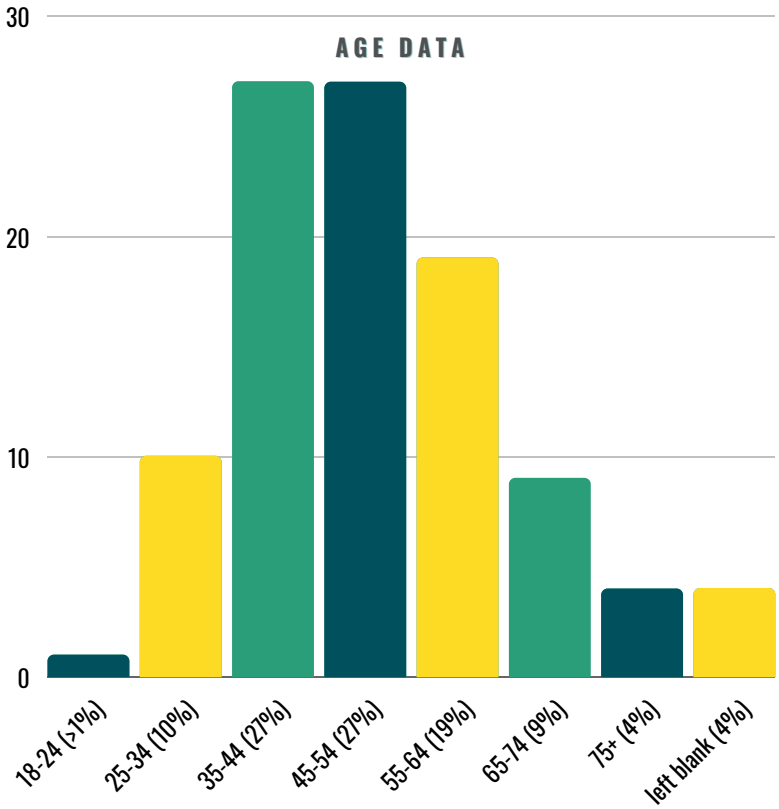
## PARTICIPANTS

The project targeted key behavioral health stakeholders including BHD staff, law enforcement partners, mental health advocates, providers, consumers, families, and community members. Participant demographics are captured in the following data that represents all input group participants.

# PARTICIPANT DATA




*The data on gender, ethnicity and age represents only community conversation participants who completed the optional post-survey.*

# STRATEGY/PROCESS

The project was originally slated to run from January to June 2020. Due to COVID-19 precautions, the project timeline was extended and we shifted from face-to-face to virtual community conversations. The final community conversation was held on November 12, 2020, as a general community-wide session.

Stakeholder input was solicited using a blended approach that included face-to-face community conversations, virtual community conversations, pre and post community conversation surveys, online surveys, and one-on-one interviews. From February 2020 to November 2020, input was gathered from 144 respondents through:

- **4 face-to-face, 90-minute community conversations with BHD staff, law enforcement partners, and mental health advocates**
- **4 virtual input sessions with providers, community members, Miracle and MC3**
- **2 one-on-one interviews with community members**
- **19 online survey respondents**

## 90-Minute Community Conversations

The community conversations were structured as input sessions, for 15 to 20 participants, with targeted questions being asked by a trained facilitator who documented the responses of participants. The questions were tailored to fit each input group and were asked in rounds with each participant having two minutes to respond to each question.

Participants started the session as a large group where they received an overview of the psychiatric crisis redesign project from Mike Lappen, BHD Administrator, or a member of BHD's leadership team. Participants were then broken into small groups of six to seven for intimate conversations

## Pre- and Post- Community Conversation Surveys

Pre- and Post- Community Conversation Surveys were administered to assess participants' confidence that psych crisis services will continue, their understanding of the psychiatric crisis redesign process and their awareness of what psychiatric crisis services are available to the community.

## Online Stakeholder Surveys

Online surveys were conducted to get input from stakeholders who were not able to attend community conversations and/or one-on-one interviews. The survey questions were the same questions that were asked during the community conversations.

# COMMUNITY CONVERSATION QUESTIONS:

**Community conversation participants gave input by responding to rounds of guided questions and having connected conversations related to behavioral health services in Milwaukee County. The same general questions about access to services, barriers to service delivery, as well as positive and negative experiences were asked of all community conversation participants. Audience specific questions were tailored for each group and connected conversations took place as time permitted. To gauge the impact of COVID-19 on behavioral health service access and delivery, a question was added to the virtual Community Conversations that took place after COVID-19 restrictions were put in place.**

## QUESTIONS ASKED OF ALL COMMUNITY CONVERSATION PARTICIPANTS

**1:** *From input given to previous stakeholder groups, there has been a lot of discussion about gaps and barriers in access to mental health services. A "gap" is what is currently missing, and a "barrier" is what may be stopping someone from getting what they need. Regarding people receiving mental health services, what's an example of a gap or barrier, if any, that you've seen, heard about, or personally experienced?*

**2:** *Previous stakeholder groups have identified the need for an increase in funding and an increase in the number of providers. Outside of these suggestions, in terms of the gaps or barriers discussed in the previous question, what could have made the situation better? What specific suggestions or ideas come to mind for overcoming that gap or barrier?*

**3:** *Looking at the list of psychiatric crisis services currently available (see the previous page in your booklet and BHD brochure), what's an example of a positive recent experience (in the last year or 2) you've had with one of these services? What made it positive?*

**4:** *Looking at the list of psych crisis services currently available, what's an example of a negative recent experience (in the last year or 2) you've had with one of these services? What made it negative?*

**5:** *Now a question specifically on children and adolescents who may experience a psychiatric crisis. For those who can speak to this issue, what situations have you seen or experienced as the most challenging, and what, if any, additional support would you need from the behavioral health community to effectively respond in those situations?*

**6:** *How has the COVID-19 public health crisis affected mental/behavioral health service delivery? What unexpected positive outcome resulted from COVID-19 service delivery? What, if any, challenges present themselves? How were those challenges resolved?*

"I appreciate the work of the newly established Crisis Resource Center. They provide an important level of support. Fantastic planning has also gone into the establishment of this Crisis Center. Welcome to the Community!" - Mental Health Advocate

"The CART Team is very responsive, and problems solved well with the information given." - Law Enforcement Partner

"I am very fond of warmlines. It is so important for people with problems to know that on the other side of the line one is going to find somebody who has experienced the same situation in terms of clothing, food, and mental issues." - Provider

"One of my best experiences has been working with CARS (Community Access to Recovery Services). We worked side by side with members of that organization. We engaged in a lot of open dialogue. We had a good collaboration. We formed a team, and this provided stability for us and our clients." - Provider

"The Community Consultation Team (CCT) has been fantastic in our lives. Twice a year they update my son's treatment plan. It's a huge resource for me. They provide support so I don't feel alone. They help me find resources, many resources. They have a clear-eyed view of him. They help get us over hurdles. And it's just 3 people!!" - Community Member

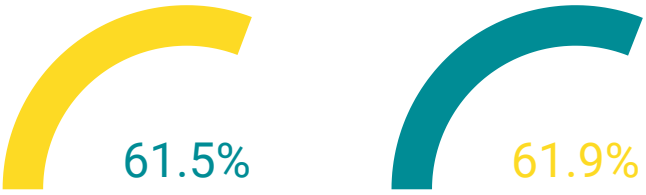
"It wasn't just people wanting to collect checks; their hearts were definitely in it." - Community Member

# KEY FINDINGS

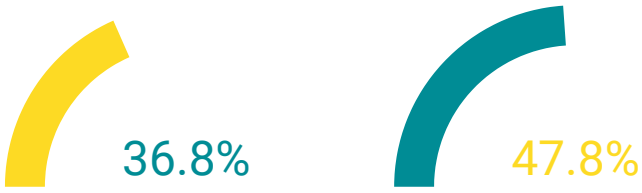
**The findings in this report are organized by stakeholder/input group, and according to recurring themes that emerged as the data was analyzed. The findings are based on the aspirations, input, and concerns shared by BHD staff, law enforcement partners, mental health advocates, and community members who participated in the Psychiatric Crisis Services Community Conversations. The findings represent opportunities for existing behavioral health programs, services, systems, and facilities and for building new services/infrastructure from a community-informed perspective.**

# PRE & POST COMMUNITY CONVERSATION DATA

I feel that psychiatric crisis services will continue to benefit the community:




I have a clear understanding of the changes being made to psychiatric crisis services:




I know which psychiatric crisis services are currently available to the community:


= PRE DATA = POST DATA

# BHD STAFF

## 1

### Access to Services

- The location of treatment facilities provides significant challenges to clients and families attempting to access mental health services.
- Lack of transportation and/or unreliable transportation options.
- Lack of awareness of existing mental health services, especially for populations of color, LGBTQ, and smaller minority groups like the Hmong, etc.
- Navigating the complexity of bureaucracy and long wait times are significant barriers.

## 2

### Lack of Integration or Communication

- Gaps in coordination between treatment inside and outside of jail.
- Inconsistencies in communication across departments with medical records, AVATAR system, Crisis Emergency Room, etc.
- Residents not being aware of services provided by the County.
- Lack of a universal tracking system to help clients streamline the process.
- Little to no communication between agencies like private hospitals and agencies.

## 3

### Lack of Staff and Services

- Expansion of overall services available to the community, especially to those needing long-term care and housing.
- Shortage of AODA support services.
- Lack of psychiatrists, psychologists, and providers overall.
- Lack of education and experience of mental health staff.

## 4

### Other

- Lack of insurance and Medicaid coverage are barriers to gaining access to needed services.
- Language barriers and cultural apathy lead to disconnection.
- Lack of funding to provide services.
- Over-reliance on police intervention strategies.

## BRIGHT SPOTS:

Quality Staff and Services

- The knowledgeable staff at Crisis Resource Centers.
- Services are collaborative with other community agencies such as law enforcement.
- The Crisis Assessment Response Team (CART) follows national best practices.

# MENTAL HEALTH ADVOCATES & PROVIDERS

## 1

### Access to Services

- Location of treatment facilities and long waiting times provide significant challenges to clients and families attempting to access mental health services.
- Lack of transportation and/or unreliable transportation options.
- Lack of awareness of existing services, especially for communities of color.
- Navigating the complexity of the mental health bureaucracy.

## 2

### Lack of Needed Services and Health Insurance

- No insurance coverage or Medicaid reimbursements too low.
- Expansion of overall services, especially for those needing long term care and housing.
- Accessing virtual services for many is challenging especially during the COVID-19 pandemic.
- Not enough psychiatric care and prescribers.

## 3

### Poor Service Provided

- Communication barriers between providers and clients.
- Lack of trust due to not enough focus on culturally sensitive practices.
- Poor customer service at initial points of contact.
- Low level of care provided by contracted agencies.

## 4

### Lack of Diverse Providers and Resources Available to the Community

- Not having enough clinicians of color.
- Not enough services are available for people with disabilities and differently-abled.
- Not enough focus on culturally sensitive practices.

## 5

### Stigma and Fear that Clients Have

- The overall stigma of those living with mental illness.
- Disrupting family dynamics by CPS and/or Domestic Violence involvement.
- Overly relying on punitive methods of treatment(incarceration, E.D).
- Lack of trust with the process, treatment, and care.
- Inappropriate decision making by law enforcement and health professionals.

## 6

### Collaboration

- Lack of a universal tracking system to help clients streamline the process.
- Little to no communication between agencies like private hospitals and agencies.

## BRIGHT SPOTS:

**Crisis Services**

- Provide a safe place for clients.
- Excellent with de-escalation and stabilization care.
- Focus on individualized care and connection of other No Wrong Door services.

**Peer Support Specialist**

- Peer support specialists are an integral part of service delivery, they make a difference in the standard of care for clients and their families.

**Crisis Stabilization Housing**

- Consistent transition service for clients who are between discharge and group homes.
- PCS is the only 24-hour mental health crisis location.
- Excellent with challenging clients.

# LAW ENFORCEMENT PARTNERS

## 1

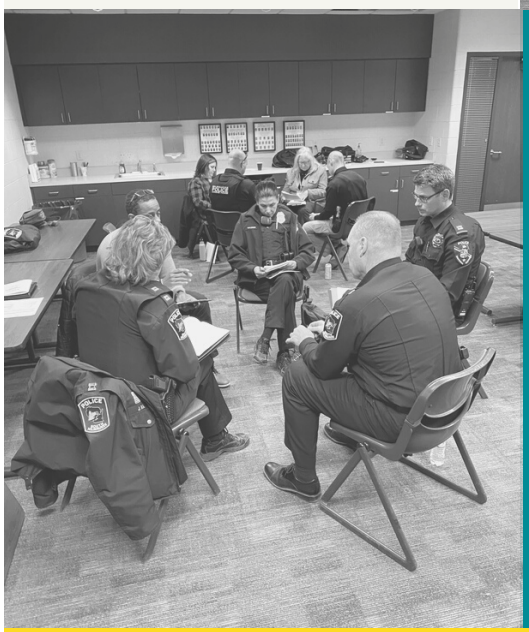
### Access to Services

- The physical location of the current mental health services is not seen as favorable for those attempting to access service, nor for the officers transporting those in crisis.
- Long-wait times for the mobile crisis teams create a significant barrier in the flow of everyday policing responsibilities.
- Long-wait times for both voluntary and involuntary commitments.
- Short hold times for clients in crisis.
- Crisis mobile team not available from 12a-8am and no access to mental health resources during certain times and days.


## 2

### Standards of Care

- Frustrations about interactions with rude staff and clients in crisis getting turned away.
- Hospital staff failing to watch hospitalized at-risk patients.
- Officers having to utilize incarceration due to inconsistent threat assessment by BHD or mobile crisis units.
- The stigma around mental health for those attempting to seek treatment, voluntarily and involuntarily.



## 3

### Mental Health Staff and Institutional Inconsistencies

- Criteria of voluntary commitment are inconsistent and limiting access.
- Lack of knowledge among mental health staff on the role of law enforcement, often leading to feel like law enforcement is being used as a taxi service.
- Inconsistencies among case managers and shift doctors treating clients.
- Lack of collaboration and communication between staff, departments, etc.
- Inability to share information about the client's need for services.


## BRIGHT SPOTS:

### Quick Response Time

- The Crisis Assessment Response Team (CART) has a quick response time.
- Crisis Care Managers have a quick response time.
- The Children's Mobile Crisis Team, the adult Crisis Mobile team, and the Access Clinic have quick response times.

### Community Collaboration

- BHD's participation in the criminal justice system is beneficial for clients and law enforcement.
- Collaboration between BHD and the MacArthur grant has been successful.

# COMMUNITY MEMBERS

## 1

### Access to Services

- Little to no reliable transportation services are provided.
- Shortage of ability to pay for services.
- Working and single-parent families have significant barriers to accessing and retaining services.
- Poverty and lack of technology prevent access to teletherapy and information.

## 2

### Educational Services

- Clients are unclear about the services provided.
- High turnover rates amongst staff and leadership.
- Not enough understanding of youth and adult programming offered.
- Discontinued services and staff turnover leave many clients without clear direction.
- Previous negative experiences leave clients reluctant to continue services.

## 3

### Lack of Diversity

- Minority groups are stigmatized by the system and practitioners.
- Language barriers due to the lack of diverse providers.
- Lack of cultural competency and genuine connection.

## 4

### Crisis Services

- Negative experiences with law enforcement cause reluctance to utilize mental health services.
- Previous negative interactions with emergency detentions create bad impressions for people who may need help.
- Disrupting family dynamics by CPS and/or Domestic Violence involvement.
- Emergency providers tend to be overly aggressive.

## BRIGHT SPOTS:

**Crisis Services & Other Teams**

- Knowledgeable, respectful, and approachable staff.
- There is a focus on individualized care and connection to resources.

**Other Community Services**

- **Disability Rights**
  - Recognized as a good resource outside of the network.
  - Recognized as an advocacy group.
  - Legal resources are available to give the interpretation of the law.
- **NAMI**
  - Works well with families in time of need.
  - Offers free resources for clients.
  - Website identification tools are useful.
  - Connected clients to services and peer support specialists.

# SOLUTIONS

The community conversations resulted in a variety of recommendations to reduce/eliminate many of the barriers facing those seeking mental health services in Milwaukee County. The following is an aggregation of the recommended solutions. These suggestions center around building a "Human-centered Service Experience" where clients, community, providers, and law enforcement are continuously reflective of their roles of improving the mental health experience for all involved.

## INCREASE ACCESSIBILITY

- Increase outreach efforts, provide easier access to services and facilities, and spread information to the general public about available services.
- Provide transportation assistance and services.
- Hire interpreters to bridge language gaps.
- Expand telehealth and other alternative health options.
- Provide support for those who lack insurance coverage or are on Medicaid.
- Locate facilities much closer to the communities being served.

## STAFF

- Recruit & retain capable staff.
- Additional training, and opportunities for staff to develop skills.
- Increase diversity of staff and cultural competency.
- Increasing awareness, connection, and communication with communities served and law enforcement.
- Increased hiring of psychiatrists, psychologists, and psychotherapists especially those of color.

## SERVICES

- Alternative crisis procedures are needed.
- Funding programs that proactively address mental health.
- Family-focused wrap-around approach to helping adults, youth, and the family.
- Additional programs to deter the need for crisis services and/or police involvement.
- Increase Crisis Mobile Team hours to include 3rd shift.

## TRAINING PROGRAMS

- Educating clients on services provided by the County.
- Training police on crisis services and de-escalation techniques.
- Increasing the cultural competency of providers.

## BETTER STANDARDS OF CARE

- Improved communication and collaboration with different stakeholders.
- Destigmatizing mental health through community campaigns.
- Creating a culture of empathy and understanding of mental health.
- Increasing transparency, consistency, and accountability of services provided by the County.

## NEXT STEPS

We owe it to our community to constantly look for ways to improve existing behavioral health services and develop new programs and services to meet the changing needs of those we serve. Milwaukee County Behavioral Health Division has a history of excellence, safe service delivery, and a community-minded approach to serving clients, partners, and stakeholders. This community engagement project and report brought to light opportunities to further improve. The data and insights in this report will inform the future direction of access and delivery of psychiatric crisis and other behavioral health services in Milwaukee County. For updates on this ongoing work, visit **www.county.milwaukee.gov**.

# ACKNOWLEDGMENTS

This project was made possible through the support and participation of the staff and leadership of Milwaukee County, the Milwaukee County Mental Health Board, the Psychiatric Crisis Redesign Steering Committee, the Joint Venture,  and the many organizations and community members who shared their aspirations, ideas and concerns about behavioral health services with us. Thank you for your support and commitment to ensuring that Milwaukee County residents have access to the highest quality behavioral health services.

BHD Behavioral Health Division

A Division of the Department of Health & Human Services